

## Division of Health Care Facilities

PRINTED: 02/03/2011  
FORM APPROVED

45th 3/19/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7601	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED  02/02/2011
NAME OF PROVIDER OR SUPPLIER  HUNTSVILLE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37756		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 833	<p>1200-8-6-.08(3) Building Standards</p> <p>(3) No new nursing home shall hereafter be constructed, nor shall major alterations be made to existing nursing homes, or change in nursing home type be made without the prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure alterations to the facility are made with prior approval from the Department of Health.</p> <p>The findings include: Observation and interview with the Maintenance Director, on February 2, 2011 at 9:30 a.m. confirmed the facility failed to obtain approval from the Department of Health for the modification the kitchen hood suppression system.</p>	N 833	<p>Monitoring of corrective action to ensure the deficient practice will not recur;</p> <p>4. Administrator and Risk Manager will review current inspections and plans monthly to ensure kitchen equipment is up to code and any prior approvals by the State has been obtained. Results will be provided to the Quality Assurance Committee.</p> <p>Overall findings will be reported to the NHA immediately when policy is not adhered to.</p> <p>Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy.</p> <p>Report of overall findings and subsequent disciplinary action, if applicable will be reported to the facility Quality Assurance (QA) Committee (consisting of DON, Medical Director, ADON, NHA, Risk Manager, MDSC, Pharmacy Consultant, Registered Dietician, Wound Care Nurse) to review the need for continued intervention or amendment of plan.</p> <p>5. Completion date:</p>	3/19/11	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Celia Buttram

TITLE

Administrator

(X6) DATE

2-15-11

STATE FORM

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If continuation sheet 1 of 1

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